

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?	None
Title::	Anti-Invective Endotracheal Tube
Attorney Docket Number::	124169-1010 (OTA 02-036)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Rabih
Middle Name::	O.
Family Name::	Darouiche
City of Residence::	Houston
State or Province of Residence::	TX
Country of Residence::	USA
Street of mailing address::	1333 Moursound Ave.
City of mailing address::	Houston
State or Province of mailing address::	TX
Postal or Zip Code of mailing address::	77030

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Randall
Middle Name::	A.
Family Name::	Prince
City of Residence::	Houston
State or Province of Residence::	TX
Country of Residence::	USA
Street of mailing address::	1441 Moursund Ave.
City of mailing address::	Houston
State or Province of mailing address::	TX
Postal or Zip Code of mailing address::	77030

Correspondence Information

Correspondence Customer	
Number::	37058
Telephone::	713 276 5320
Fax::	713 276 6320
E-Mail Address::	<u>theadley@gardere.com</u>

Representative Information

Representative Designation::	Registration number::	Name::
Primary	31,765	Tim Headley
Associate	24,015	Kenneth R. Glaser
Associate	37,676	Carol M. Neilsen
Associate	50,347	Robert E. Holthus
Associate	36,005	Jennifer S. Sickler
Associate	47,189	Tom Wright

Domestic Priority Information

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/411,177	09/17/02

Assignee Information

Assignee name:: Baylor College of Medicine
 Street of mailing address:: Texas Medical Center,
 One Baylor Plaza
 City of mailing address:: Houston
 State or Province of mailing address:: TX
 Country of mailing address:: USA
 Postal or Zip Code of mailing address:: 77030